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Examiner Name   Please see Schedule A   Attorney Docket Number   MIY-GIP-001			AND	Art Unit	Art Unit		Please see Schedule A				
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A Power of Attorney is submitted herewith.  OR  I hereby appoint the practitioners associated with the Customer Number:  I hereby appoint the practitioners associated with the Customer Number:  I hereby appoint the practitioners associated with the Customer Number:  I hereby appoint the practitioners associated with the Customer Number:  I hereby appoint the correspondence address for the above-identified application to:  I hereby appoint the correspondence address for the above-identified application to:  I hereby appoint the practition to:  I hereby appoint				Attome	ý Docket N	Number	ΜΙΥ	'-GIP-001	٠		
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The address associated with 23517  OR  Firm or Individual Name Address associated with 23517  Original Name Applicant/Inventor, Email I am the:  Applicant/Inventor, Email I am the:  Applicant/Inventor, X Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 2.73(b) is enclosed. (Form PTO/SB/96)  Signature Assistant Secretary, Boston Scientific Scimed, Inc.  Date Assistant Secretary, Boston Scientific Scimed, Inc.  Date Talaphone 508/652-5955  NOTE: Signature of all the Inventors of assigneed of record of the entire interest or their representative(e) are required. Submit multiple terms if more than pres algusture, as enclosed.	X   I ha	гебу арри	oint the practitioners associat	ed with th	ne Custo	mer Nun	i ber:	<u> </u>	23517		
The address associated with 23517  OR  Firm or Individual Name Address associated with 23517  Original Name Applicant/Inventor, Email I am the:  Applicant/Inventor, Email I am the:  Applicant/Inventor, X Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 2.73(b) is enclosed. (Form PTO/SB/96)  Signature Assistant Secretary, Boston Scientific Scimed, Inc.  Date Assistant Secretary, Boston Scientific Scimed, Inc.  Date Talaphone 508/652-5955  NOTE: Signature of all the Inventors of assigneed of record of the entire interest or their representative(e) are required. Submit multiple terms if more than pres algusture, as enclosed.					····						_
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country   State   Zip    I am the:  Applicant/Inventor,  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SE/96)  Signature  Name   Jeff Z Maxin:  Assistant Secretary, Boston Scientific Scimed, Inc.  Date   Jan 100   Telaphone   508/652-5955  NOTE: Signature of all the inventore of a tibe inventore	1				23517	<u>'</u>	]				
Individual Name  Individual Name  Ity  Country  State  Zip  Ity  Country  State  I am the:  Applicant/Inventor,  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 2.73(b) is enclosed. (Form PTO/SE/96)  Statement under 37 CFR 2.73(b) is enclosed. (Form PTO/SE/96)  Signature  Name  Jeff Ziden  Assistant Secretary, Boston Scientific Scimed, Inc.  Date  Marie Jeff Ziden  Assistant Secretary, Boston Scientific Scimed, Inc.  Date  Marie Jeff Ziden  Tetaphone 508/652-5955  NOTE: Signatures of all the inventors of abelgaces of record of the entire interest or their representative(s) are required. Submit multiple turns if mark than one eignature is required, see below.		<del>,</del>	г								
State Zip  country State Zip  disphone Emelt  I arn the:  Applicant/Inventor,  X Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under \$7'CFR 3.73(b)' is enclosed. (Form PTO/SE/96)  Signature  Name Jeff Zinstin  Assistant Secretary, Boston Scientific Scimed, Inc.  Date 10.12.2.2.0.0.0. Telephone 508/652-5955  NOTE: Signature of all the Inventors of all the Inven											
I am the:  Applicant/Inventor,  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 57 CFR 3.73(b) is enclosed. (Form PTO/SE/96)  Signature  Name  Jeff Zynarin  Assistant Secretary, Boston Scientific Scimed, Inc.  Date  NOTE: Signature of all the Inventors of assignees of record of the entire interest or their representative(s) are required. Submit multiple turns if more than one alignature, see below.	Address		•								
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Applicant/Inventor,  X Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 97 CFR 3.73(b) is enclosed. (Form PTO/SB/96)  Signature  Name  Jeff Z/MS(in)  Assistant Secretary, Boston Scientific Scimed, Inc.  Date  NOTE: Signature of all the Inventore is analyses of record of the entire interest or their representative(s) are required. Submit multiple terms if more than one algorithms, see below.	Talephone			Emali	•						
Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)  Signature  Name  Jeff Z/Merin  Assistant Secretary, Boston Scientific Scimed, Inc.  Date  NOTE: Signature of all the Inventore it analyses of record of the entire interest or their representative(e) are required. Submit multiple forms if more than one algorithms, see below.	I am th	ie:									
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Name Jeff Z/MSrin:  Assistant Secretary, Boston Scientific Scimed, Inc.  Date Jan 27, 7000 Telephone 508/652-5955  NOTE: Signatures of all the Inventors of			FIGHATURE of	Ápplican	t or Ass	ignee of	Rec	ord			
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PTO/88/86 (10-07)
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Under the F	Paperwork Reduction :	kal, af 1995, no persons ere negured to r STATEMENT UNI	eepond to a collection of information unless it displays a valid OMB control num DER 37 CFR 3.73(b)
		See Schedule A	
Application	No./Petent No.:	See Schedule A	Flied/Issue Date; See Schedule A
Entitled:	See Schedule	Α	<u> </u>
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2.	an assignee of te	ss than the entire right, title and	1 Interest.
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L	Additional doc	uments in the chain of title are	a listed on a supplemental sheet.
x As a	required by 37 CF Ignee was, or cor	R 3.73(b)(1)(i), the documental currently is being, submitted for	ry evidence of the chain of title from the original owner to the r recordation pursuant to 37 CFR 3.11.
Ass	TE: A separate of lighteen (MPEP 302.08)	copy (f.e., a true copy of the origin accordance with 37 CFR Par	ghal assignment document(s)) must be submitted to it 3, to record the assignment in the records of the USPTO.
The under	signed (whose j	supplied below) is author	orized to act on behalf of the assignee.
			un 22, 2005
	- ////	Signature	Dato
	<i>y</i> •	Jeff Z. Mann	508/652-5955
		ted or Typed Name ssistant Secretary	Telephane Number
		Title	•

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## Schedule A

JUN 2 4 2009

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Attorney Docket No.:		Client Ref. No.: 97-P0137US4
Applicants:	Gellman et al.	
Application No.:	10/774,826	
Filed:	February 9, 2004	
Title: DEVICES FOR	MINIMALLY INVASIVE	PELVIC SURGERY
Chain of Title From:	Gellman et al. To:	Scimed Life Systems, Inc.
Recordation Date:	June 14, 2005	Reel: 016335 Frame(s): 0100
From:	Scimed Life System	ns, Inc. To: Boston Scientific Scimed, Inc.
Recordation Date:	November 6, 2006	Reel: 018505 Frame(s): 0868